

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT					
DATE	PAGE 1 of					

			CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									FAILURE TO	COMPL	Y
				OWNER:							PERSON IN CHARGE:			
ADDRESS:							ESTABLISHMENT NUMBER			NUMBE	R: COUNTY:			
CITY/ZIP: PHONE				PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLI BA	ISHMENT AKERY	TYPE	C. STORE CATE	RFR DI	ELI		(GROCE	RY STOR	?F	INSTITUTION	MOBILE	/FNDOR	S
RE	STAUF	RANT			JMMER	F.P.		AVER		` _	TEMP.FOOD	WODIEL	v ENDON	
PURPOS Pr	SE re-openi	ng	Routine Follow-up	Complaint	Oth	ner								
FROZE	EN DES	SSERT		SEWAGE DISPO				UPPL'	Y					
Approved Disapproved Not Applicable					PUBLIC PRIVATE						COMMUNITY Sampled	PRIVATI Results	Ξ	
	License	No		RISK FAI		S AND	INTE	RVEN	TIONS					
Risk fac	ctors ar	e food p	reparation practices and emplo							ease Cor	ntrol and Prevention as co	ntributing fac	tors in	
		s outbre	eaks. Public health intervention		res to pr					y.	Defendant the selection		CO	c I n
Complian			Demonstration of Person in charge present, der			5 K				Proper	Potentially Hazardous I cooking, time and tempera		CO	S R
IN OL	JT		and performs duties		,		IN	OUT	N/O N/A	Troper cooking, time and temperature				
IN O				Employee Health			IN		N/O N/A	Proper				
IN OL			Management awareness; poli Proper use of reporting, restri				_		N/O N/A		cooling time and temperat hot holding temperatures	ures		
			Good Hygienic	Practices				OUT	N/A		cold holding temperatures	,		
IN OL	JT N/O		Proper eating, tasting, drinkin				IN	OUT	N/O N/A		date marking and disposit			
IN OL	JT N/C)	No discharge from eyes, nose	e and mouth			IN	OUT	N/O N/A	records	s a public health control (p	roceaures /		
			Preventing Contamin								Consumer Advisor			
IN OL	JT N/O		Hands clean and properly wa	shed			IN	OUT	N/A		mer advisory provided for rooked food	aw or		
IN OUT N/O No bare hand contact with ready-t									underce	Highly Susceptible Popu	lations			
			approved alternate method po Adequate handwashing facilit				1			Pasteur	rized foods used, prohibite	d foods not		
IN OUT Adequate handwashing facilities s accessible			ies supplied &			IN	OUT	N/O N/A	offered		a loous flot			
INI OI	ı		Approved S					OUT			Chemical			
IN OL		N 1/A	Food obtained from approved Food received at proper temp					Toxio aubata			dditives: approved and proubstances properly identifi	perly used ied_stored.ar	nd	
	JT N/C) N/A	Tood received at proper temp	relature			IN	OUT		used	abstances properly identifi	leu, storeu ar	iu	
IN OUT			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite						Conformance with Approved Procedure Compliance with approved Specialized Proc					
IN OUT N/O N/A Required records available: shells destruction			helistock tags, parasite	9		IN	OUT	N/A		ance with approved Speci ACCP plan	alized Proces	iS		
			Protection from Co							•	•		•	
IN OL	JT	N/A	Food separated and protected	d			The letter to the left of each item inspection.				m indicates that item's sta	tus at the tim	e of the	
IN OL	JT	N/A	Food-contact surfaces cleane	ed & sanitized		IN = in compliance				ance	OUT = not in complia	ance		
IN OUT N/O Proper disposition of returned, previously						N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
-	- 14/0		reconditioned, and unsafe for		SOOD R		DDACI		5-Correcte	d On Site	e K-Repeat item			
			Good Retail Practices are prev						nogens, ch	emicals.	and physical objects into f	oods.		
IN	OUT		Safe Food and Water			R	IN						COS	R
			urized eggs used where require	ed						e utensils: properly stored ils, equipment and linens: properly stored, dried, ed				
		vvater	and ice from approved source						handled					
			Food Temperature Control						Single-u	ıse/single	e-service articles: properly	stored, used		
			dequate equipment for temperature control						Gloves	used prop			_	
			ved thawing methods used cometers provided and accurate	ż					Food an	otens nd nonfoo	sils, Equipment and Vendir d-contact surfaces cleana	lg ble properly		
			omotoro promada ana addarate						designe	ned, constructed, and used				
		Food Identification		n					Warewa strips us		cilities: installed, maintaine	d, used; test		
		Food	properly labeled; original contai	ner			1				surfaces clean			
			Prevention of Food Conta	amination							Physical Facilities			
			s, rodents, and animals not pre			-	1			ot and cold water available; adequate pressure			+	-
			ntamination prevented during food preparation, stora৻ d display						Fluinbin	Plumbing installed; proper backflow devices				
			ersonal cleanliness: clean outer clothing, hair restrain						Sewage	and was	tewater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored			ed	 		1		Toilet fa	Toilet facilities: properly constructed, supplied, cleaned			+		
Fruits and vegetables washed before use							Garbage	Garbage/refuse properly disposed; facilities maintained						
Person in Charge /Title:								Physica		installed, maintained, and	l clean			
Persor	ı ın Cha	arge / F	me: Muse I; ~	ر (Date:			
Inspec	tor:	A M	why Katelyn front			Те	lepho	ne No.	PHE		Follow-up: Follow-up Date:	Yes	١	No
MO 580-18	814 (9-13)	1/ ~111	- U, , , , , , , , , , , , , , , , , , ,	DISTRIBUTION: WHIT	E – OWNE	R'S COPY	,		CANARY - F		ap 20.0.			E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	CITY/ZIP				
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TION	TEMP. in ° F			
Code Reference	Priority items contribute directly or injury. These items MUST R	PRIO to the elimination, prevention or re ECEIVE IMMEDIATE ACTION with	RITY ITEMS Eduction to an acceptable level, haza thin 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial		
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								
	standard operating procedures		PROVIDED OR COMMENTS	ection of as	Stateu.		NJ NJ		
		EDUCATION F	PROVIDED OR COMMENTS						
	_								
Person in Ch	narge /Title:	id			Date:				
Inspector: MO 580-1814 (9-13)	narge /Title: Muse J Mushy Katilyn (188	DISTRIBUTION: WHITE - OWN	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A		